

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new non-provisional applications under 37 CFR 1.53(b))

31109 U.S. PTO
10/675697



| | | | |
|---|---|---|--|
| Attorney Docket No. | HSJ9-2003-0032US1 | | (0107-0028) |
| First Inventor or Application Identifier: | Baer | | |
| Title: | METHOD OF FORMING A READ SENSOR USING PHOTORESIST STRUCTURES WITHOUT UNDERCUTS WHICH ARE REMOVED USING CHEMICAL-MECHANICAL POLISHING (CMP) LIFT-OFF PROCESSES | | |
| Express Mail Label No.: | EV 300425480 US | | |
| Application Elements <small>(See MPEP chapter 600 concerning utility patent application contents)</small> | | ADDRESS TO: MAIL STOP PATENT APPLICATION Commissioner For Patents P.O. Box 1450 Alexandria, VA 22313-1450 | |
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form <small>(Submit an original, and a duplicate for fee processing)</small> 2. <input checked="" type="checkbox"/> Specification [Total Pages 22] <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none"> • Descriptive title of the Invention • Cross References to Related Applications • Statement Regarding Fed sponsored R&D • Background of the Invention • Brief Summary of the Invention • Brief Description of the Drawings (<i>if filed</i>) • Detailed Description • Claim(s) • Abstract of the Disclosure 3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total sheets 10] | | | |
| 4. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages 2] <ul style="list-style-type: none"> a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 17 completed) <small>[Note Box 5 below]</small></small> <ul style="list-style-type: none"> i. <input type="checkbox"/> Deletion of Inventor(s) <small>Signed statement attached in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small> 5. <input type="checkbox"/> Incorporation by Reference (<i>useable if Box 4b is checked</i>) <small>The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</small> | | | |
| 6. <input type="checkbox"/> Microfiche Computer Program (Appendix) | | | |
| 7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement Verifying identity | | | |
| ACCOMPANYING APPLICATION PARTS | | | |
| 8. <input checked="" type="checkbox"/> Assignment | | | |
| 9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <small>(when there is an assignee)</small> | | | |
| 10. <input type="checkbox"/> English Translation Document (if applicable) | | | |
| 11. <input checked="" type="checkbox"/> Information Disclosure <input checked="" type="checkbox"/> Copies of IDS Statement (Form 1449) Citations | | | |
| 12. <input type="checkbox"/> Preliminary Amendment | | | |
| 13. <input checked="" type="checkbox"/> Return Receipt Postcard (CPEP 503) <small>(Should be specifically itemized)</small> | | | |
| 14. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application, Status is still proper and desired | | | |
| 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> | | | |
| 16. <input checked="" type="checkbox"/> OTHER: Express Mail Certification <input type="checkbox"/> Check # <u> </u> (\$ <u> </u>) | | | |
| 18. CORRESPONDENCE ADDRESS | | | |
| — Customer Number () Or Bar Code Label | | | |
| OR | | | |
| <input checked="" type="checkbox"/> Correspondence Address Below | | | |
| NAME | | ATTN: John J. Oskorep | |
| ADDRESS | | One Magnificent Mile Center 980 N. Michigan Avenue, Suite 1400 Chicago, Illinois 60611 | |
| Telephone: 312-222-1860 | | Fax No.: 312-214-6303 | |
| Name (print/type) | JOHN J. OSKOREP | | Registration No.: (Attorney/Agent) 41,234 |
| Signature | | | Date 30 Sept 2003 |

1777 U.S. PTO
 09/03/60
 JOHN J. OSKOREP, ESQ.
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FEE TRANSMITTAL

| | |
|------------------------------|--------------------------|
| Attorney Docket No. | HSJ9-2003-0032US1 |
| First Named Inventor: | Baer |
| Application Number | not yet assigned |
| Filing Date: | not yet assigned |
| Examiner Name: | not yet assigned |
| Group/Art Unit: | not yet assigned |

| | |
|--------------------------------------|--|
| TOTAL AMOUNT OF PAYMENT: | \$ 970.00 |
| METHOD OF PAYMENT (check One) | 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to: Deposit Account No.: 50-2587 Deposit Account Name: Hitachi Global Storage Technologies <input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17 2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other |

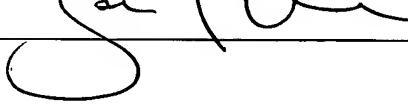
2. UTILITY Basic Filing Fee & Claims

| (1) For | (2) No. filed | (3) No. extra | (4) Large Entity | (5) Small Entity | (6) Calculations |
|---|---------------|---------------|------------------|------------------|------------------|
| Basic Filing Fee | XX | XX | \$ 750.00 | \$375.00 | \$ 750.00 |
| Total Claims | 30 - 20 = | 10 | X \$ 18.00 | X \$ 9.00 | \$ 180.00 |
| Independent Claims | 3 - 3 = | 0 | X \$ 84.00 | X \$ 42.00 | \$ 0.00 |
| Multiple Dependent Claim(s) (if applicable) | 0 | | \$ 280.00 | \$140.00 | \$ 0.00 |
| Total of above Calculations = | | | | | \$ 930.00 |

| Basic Filing Fee | Large Entity | Small Entity | Total |
|--------------------------------------|--------------|--------------|----------------|
| Design filing fee | \$ 330.00 | \$ 165.00 | \$ 0.00 |
| Reissue filing fee | \$ 740.00 | \$ 370.00 | \$ 0.00 |
| Provisional filing fee | \$ 160.00 | \$ 80.00 | \$ 0.00 |
| Total of above Calculations = | | | \$ 0.00 |

3. ADDITIONAL FEES

| Fee Description | Large Entity | Small Entity | Other |
|------------------------|--------------|--------------|-----------------|
| Assignment Recordation | \$ 40.00 | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| TOTAL: | | | \$ 40.00 |

| | | | |
|-------------------|---|---------------------------------------|--------------|
| Name (print/type) | John J. Oskorep | Registration No.: (Attorney/Agent) | 41,234 |
| Signature |  | Date | 30 Sept 2003 |

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DATE OF DEPOSIT: 30 Sept 2003

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WASHINGTON, D.C. 20231.

John J. Oskorep

NAME



SIGNATURE